

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/569953
APPLICATION

FILED DATE

2/28/06

CLAIMS

| | CLAIMS | | | | | | | |
|-----------------|----------|------|------------------------|------|------------------------|------|------|------|
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL REQ. | 4 | ↓ | | ↓ | | ↓ | | |
| TOTAL DEP. | 11 | ← | | ← | | ← | | |
| TOTAL CLAIMS | 15 | | | | | | | |